No. and Date of Order    Date of Delivery Order   Date of Delivery Order   Date of Delivery Order   Discount Terms   QUANTITY   Cost   Per   Dol	<i>U. S.</i> COS	T REIMBURS.		burcau, or establishment)				PA	ID BY
The united states, Dr.,  Payee's Account No.  (Payee)  (Caddress)  (City)  (Caty)  (Ca	Voucher prepa	red at	······································			*************			
COPY / OF Z   COPY / OF Z   COPY / OF Z							<u> </u>	mel	# 2.
Cost							1	10-36	60-5
No. and Date of Order of Delivery Order of Service    No. and Date of Order of Delivery Order of Service   Center description, item number of contract or Federal supply Order of Service   Cost   Cos	To			(Payee)			<u>[</u>	COPY /	OF Z
No. and Date of Dolivery or Service   Center description, item number of contract or Federal supply guantity   Quantity   Cost   Per   Dol			••						
PAYMENT:  Complete Partial Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total Space of Cost (Sign original only)  Cost (Sign original only)  Date 5-21-50 Per Contract No. Per Contract No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$			1	ARTICLES OR SERVICE	ES	nlı.		PRICE	AM
PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No.  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date 5-21-59  Per tele (Sign strip or initials)  Amount verified; correct for (Signature or initials)  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$	No. and Date of Order	or Service	schedule, and	other information deen	ned necessary)	QUANT		Per	Doll
PAYMENT:    Complete   Partial   Use continuation sheet(s) if necessary   Partial   Final   Use continuation sheet(s) if necessary   Shipped from to Weight Government B/L No.   Total   \$2.  I certify that the above bill is correct and just and that payment has not been received.   (Payee must NOT use this space)   Differences     Differences   Per   Use   (Sign original only)		*	Coat						60 (
Complete			COST						φ2,
Partial	PAYMENT:								
Shipped from to Weight Government B/L No. Total \$2,  I certify that the above bill is cerrect and just and that payment has not been received.  (Sign original only)  Date 5-21-59 Per tle (Signature or initials)  Contract No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$									
Shipped from to Weight Government B/L No. Total \$2,  I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date 5-21-59  Per tle (Signature or initials)  Contract No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$		4	l lse o	continuation sheet(s) if nec	ressarv	P			
Differences	Shipped from	to							\$2,
Date 5-21-50 *P  Per tle (Signature or initials)  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$ (Authorized Certifying Officer)  By ORIGINAL ONLY  Title Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	I certify that the a	bove bill is correct	and just and that pays	ment has not been receive	ed.	(Payee must	NOT use this	s space)	
Per	L .		(Sign original only)						
Per									
Contract No.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  SIGN ORIGINAL ONLY  Title  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Date 5-21-5	9 *P							-
Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$		Q *D					<u></u>	1	2,
† — (Authorized Certifying Officer)  By ORIGINAL ONLY  Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Per	Q *P				(Signature or	initials) E		ُ <u>گ</u> .
By SIGN ORIGINAL ONLY Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Per Contract No.		tle	Reg. No.		(Signature or	initials) E		'd.
Title Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form	Per Contract No. Pursuant to author	ity vested in me, I	tle / Bate certify that this accoun	Reg. No.		(Signature or Date	initials) . E.	Invoice Rec	*****
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Per Contract No.  Pursuant to author † Approved for \$	ity vested in me, I	tle / Date certify that this accoun	Req. No.  nt is correct and proper f		(Signature or Date	initials) . E.	Invoice Rec	*****
	Per Contract No.  Pursuant to author † Approved for \$	ity vested in me, I	tle / Date certify that this accoun	Req. No.  nt is correct and proper f  SIGN ORIGINAL	or payment.	(Signature or Date	initials) E	Invoice Rec	
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	Per Contract No.  Pursuant to author:  † Approved for \$  By	ity vested in me, I	tle / Bate  certify that this accoun	Req. No.  nt is correct and proper f  SIGN ORIGINAL	or payment.  † Title	(Signature or Date	initials) _E	Invoice Rec	
	Per Contract No.  Pursuant to author:  † Approved for \$  By	ity vested in me, I	tle / Bate  certify that this accoun	Req. No.  Req. No.  SIGN ORIGINAL ONLY	or payment.  †  Title  Date	(Signature or Date	initials) . E.	Invoice Rec	
	Per Contract No.  Pursuant to author:  † Approved for \$  By	ity vested in me, I	tle  certify that this account	Req. No.  Req. No.  SIGN ORIGINAL ONLY  WHEN PURCHASES ARE MADE	or payment.  †  Title  Date  OR SERVICES SECUR	(Signature or  Date  (Aut	initials) . Ex	Invoice Rec	
	Per Contract No.  Pursuant to author:  † Approved for \$  By	ity vested in me, I	tle  certify that this account	Req. No.  Req. No.  SIGN ORIGINAL ONLY  WHEN PURCHASES ARE MADE	or payment.  †  Title  Date  OR SERVICES SECUR	(Signature or  Date  (Aut	initials) . Ex	Invoice Rec	
	Per Contract No.  Pursuant to author:  † Approved for \$  By	ity vested in me, I	tle  certify that this account	Req. No.  Req. No.  SIGN ORIGINAL ONLY  WHEN PURCHASES ARE MADE	or payment.  †  Title  Date  OR SERVICES SECUR	(Signature or  Date  (Aut	initials) . Ex	Invoice Rec	
	Per Contract No.  Pursuant to author:  † Approved for \$  By	ity vested in me, I	tle  certify that this account	Req. No.  Req. No.  SIGN ORIGINAL ONLY  WHEN PURCHASES ARE MADE	or payment.  †  Title  Date  OR SERVICES SECUR	(Signature or  Date  (Aut	initials) . Ex	Invoice Rec	
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	Per Contract No.  Pursuant to author:  † Approved for \$  By	ity vested in me, I	tle  certify that this account	Req. No.  Req. No.  SIGN ORIGINAL ONLY  WHEN PURCHASES ARE MADE	or payment.  †  Title  Date  OR SERVICES SECUR	(Signature or  Date  (Aut	initials) . Ex	Invoice Rec	
Paid by Cash, \$	Per Contract No.  Pursuant to author:  † Approved for \$  By  Title  (Check N	THE REVERSE OF THE	certify that this account that the accou	Req. No.  Req. No.  SIGN ORIGINAL ONLY  WHEN PURCHASES ARE MADE ON (Appropriation Sym	or payment.  † Title Date OR SERVICES SECUR bol must be show	(Signature or Date  (Aut	initials) .E.	Invoice Rec ying Officer) IN ANY FORM	

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WKLY ACCT DIST 4/30/59

SUPPR SUPPLIER NAME MO DY CHECKW INVOICE P O ACCT ODC MJO SO WK ORUR AMOUNT BATCH TR M O Y

413 GEN ELECTRIC CU PO 26130 803668 46451 12501 1 3032 26 36000 \* 35 0 4 30 9

36000 \*\*\*

Approved For Release 2001/08/15: CIA-RDP64-00360R000600040042-6

WKLY ACCT D1ST 4/30/59

SUPP# SUPPLIER NAME MO DY CHECK# INVOICE P O ACCT ODC MJO SO WK ORDR AMOUNT BATCH TR M D Y

1413 GEN ELECTRIC CO PO 26130 803669 45451 12501 1 3032 27 18000 35 0 4 30 9

18000 \*\*\*

Approved For Release 2001/08/15: CIA-RDP64-00360R000600040042-6

WKLY ACCT DIST 4/30/59

SUPP# SUPPLIER NAME MO DY CHECK# INVOICE P. 0 ACCT ODC MJO 50 WK OROR AMOUNT BATCH TR M D Y.

1860 LYON AIRCRAFT SERV. 26151 4M1565 43920 12501 1 5044 02 25012 #

25012 \*\*

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WKLY ACCT DIST 4/30/59

SUPP# SUPPLIER NAME MO BY CHECK# INVOICE P.O. ACCT ODC MJO SO WK ORDK AMOUNT BATCH TR M. D.Y.
4801 ELECTRO-MEC LABORA 253-3 19774 9697 12501 1 5044 07 19500 \*\*

19500 \*\*

44512 \*\*\*\*